

## Electronic Patent Application Fee Transmittal

|  |  |                 |               |                             |
|--|--|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>                     | 10772944   |                 |               |                             |
| <b>Filing Date:</b>                            | 05-Feb-2004  |                 |               |                             |
| <b>Title of Invention:</b>                     | Implantable medical device with external recharging coil |                 |               |                             |
| <b>First Named Inventor/Applicant Name:</b>    | John E. Kast   |                 |               |                             |
| <b>Filer:</b>                                  | William David Bauer/April Kaplan                         |                 |               |                             |
| <b>Attorney Docket Number:</b>                 | 151P08970US02  |                 |               |                             |
| Filed as Large Entity                          |  |                 |               |                             |
| <b>Utility under 35 USC 111(a) Filing Fees</b> |  |                 |               |                             |
| <b>Description</b>                             | <b>Fee Code</b>  | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                           |  |                 |               |                             |
| <b>Pages:</b>                                  |  |                 |               |                             |
| <b>Claims:</b>                                 |  |                 |               |                             |
| <b>Miscellaneous-Filing:</b>                   |  |                 |               |                             |
| <b>Petition:</b>                               |  |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b>        |  |                 |               |                             |
| <b>Post-Allowance-and-Post-Issuance:</b>       |  |                 |               |                             |
| <b>Extension-of-Time:</b>                      |  |                 |               |                             |
| Extension - 2 months with \$0 paid             | 1252   | 1               | 490           | 490                         |

| Description       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-------------------|----------|----------|--------|----------------------|
| Miscellaneous:    |          |          |        |                      |
| Total in USD (\$) |          |          |        | 490                  |